



**Social Connection and Engagement of Older Vermonters
6/27/22 VAPAW Advisory Committee Meeting**



What is social isolation?

- Social isolation is defined as the “absence of social interactions, contacts, and relationships” (Institute of Medicine).
- Social isolation may lead to a lack of social support and increased feelings of loneliness.
- Objective vs. Subjective Isolation:
 - Objective: quantifiable, size & structure of social network, type/amount of social support, frequency of contact, amount of participation, etc.
 - Subjective: individual perception, sense of loneliness, quality of social support, sense of belonging, etc.

Principle of Social Connection and Engagement: Older Vermonters should be free from isolation and loneliness, with affordable and accessible opportunities in their communities for social connectedness, including work, volunteering, lifelong learning, civic engagement, arts, culture, and broadband access and other technologies. Older Vermonters are critical to our local economies and their contributions should be valued by all.



Risk Factors

Poor Health & Well-being

Untreated hearing or vision loss, mobility impairments, frailty, chronic pain, poor mental health, early dementia

Transportation Challenges

lack of accessible and affordable transportation options; driving retirement, unable to leave home

Life Transitions, Role Loss or Change

leaving the workforce, loss of a partner, becoming a caregiver

Risk Factors (continued)

Societal Barriers

Ageism, lack of opportunities for older adults to engage and contribute, poorly designed communities

Lack of Access & Inequality

poverty, rural living, marginalized groups (racial/ethnic minorities, limited English proficiency, LGBTQ, etc.)

Living alone and lacking meaningful engagement

lack of formal or informal social supports, none or limited social contact, technology barriers

Prevalence in the U.S.

In a 2020 report from the National Health and Aging Trends Study, prior to the COVID outbreak, investigators found that:

- 24% of community-dwelling adults age 65 and older in the United States (approximately 7.7 million people) were socially isolated, and
- 4% (1.3 million people) were severely socially isolated.

Prevalence varies based on different methods of measurement, but consistently shows that social isolation is a significant problem.

Prevalence in Vermont

Vermont is ranked 20th for risk of social isolation in [America's Health Rankings Senior Report](#) (composite of poverty; living alone; divorced, separated or widowed; never married; disability; and independent living difficulty).

According to US Census data (ACS 2018):

- 71,000 (42%) of Vermonters age 60+ are not married (divorced, separated, widowed or never married).
- 48,000 (28%) have a disability.
- 43,000 (25%) live alone in community.
- 18,000 (11%) live below the federal poverty level; 28,000 (28%) live below 200% FPL.

Social Isolation as a Public Health Concern

- Social isolation is significantly associated with increased mortality from all causes.
- Social connection is associated with a 50% reduced risk of early death.
- The magnitude of health risks associated with social isolation and loneliness are equivalent to smoking and obesity.
- Holt-Lundstad et al. (2017) call social isolation a “winnable” public health problem as defined by the CDC (2016).